

03/22/2018 THU 15:08 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

003/054

## Chicago Client Profile

3/22/2018 12:59 PM

Susan Patton



City of Chicago

## Report Parameters

ActivityDetailNumber: 23012178

## CDPH

Program:	HLTMentalHealth
ID:	2272601
Name:	Amber Mirza
DOB:	8/5/1975
Service Date:	4/11/2018
Time:	03:00 PM
Duration:	60.00 Units
Modality:	Face to Face
DHS Code:	0Q

## Diagnosis

AXIS I Diagnosis		
AXIS II Diagnosis		
AXIS III Diagnosis		
ICD10 Diagnosis		
F31.81 (ICD10)	Bipolar II disorder	Primary
F43.11 (ICD10)	Post-traumatic stress disorder, acute	Unknown
Z59.8 (ICD10)	Low income	Unknown
Z63.8 (ICD10)	Other specified problems related to primary support group	Unknown

QuestionCode: Mental\_Health\_IPA

## Referral Info

Questions	Answers	Comments
Person Providing Information	Self	
Referred By	Self	

EXHIBIT

tabbies

2

03/22/2018 THU 15:09 FAX 3127464491 Public Health

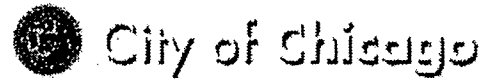
RECEIVED 03/22/2018 03:11PM

0004/054

## Chicago Client Profile

3/22/2018 12:59 PM

Susan Pelton



## Report Parameters

Activity Details Number: 23012178

## Presenting Problem

## Questions

## Answers

## Comments

Please use the Consumers or Referring Providers "own words" to describe the problem and chief complaint

## Description of Problem

I was terminated from my job. I was working for a fortune 800 out of Chicago for 8 years. I was working in hospitals - Cardiology departments and it kept getting more complicated and taking a lot more time - this headhunter contacted me and told me about a job that had less hours - I wanted to spend more time with my children (I have twin 3yos) - it was less money, but I gave notice and left - and I started on March 1st and they terminated me on March 28. They interviewed me over the phone and wanted to hire me on the spot. Someone in HR met with me for 5 min, and as I was leaving the office, my headhunter called me and said that I have the job. When I started the job, they wanted me to meet with them face to face and the head of HR looked at me and his whole body and face changed. He asked me if I was Muslim and then asked if I drink. I said I did (?) well I drink tea, coffee, lemonade. Then they asked where I was from and I said Chicago, and then they asked even further and finally they asked where "my parents are from" and I told them Pakistan. Then they asked for my passport for identification. I brought it to them and he took it and looked through it and when he returned said to me "you go to Pakistan and Saudi Arabia." And I told them I had family there that I visit.

They gave me an assignment and I completed it 3 days early, and then they asked me to help someone who had been sick, and I completed her work. When my supervisor Ok-ed things that I felt still had problems, I re-listed them as having problems and fixed them. (She seemed to do a great deal of Quality Assurance - fixing errors in the code). Then on the 28th, my supervisor said she wanted to have a conference call - which we needed to do because I had not been given a new assignment for the next week. But right before the conference call, she added 2 more people on the call, and on the call, she said that I was being terminated as of close of that business day. I asked why, but she just told me to turn in my laptop and hung up. I call the CEO, and he said that he would look into it because I had not gotten any write-ups - In fact everyone kept praising my work. But he never called me back. I can't sleep, I am irritable with my children because they are asking why am I not working, I am not eating well, I don't want to go out, I just feel so embarrassed. I have not even told my parents. -

03/22/2018 THU 15:09 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0005/054

## Chicago Client Profile

3/22/2018 12:59 PM

Susan Pelton



## Report Parameters

Activity Details Number: 23012178		
<b>Current Symptoms</b>		
Questions	Answers	Comments
Mood Disorders	[Sad Depressed Mood Sleep Pattern Changes Insomnia Fatigue Appetite Changes Excessive Spending Racing Thoughts Talking Fast]	
Anxiety Symptoms	[Unable to Relax Physical symptoms Muscle Tension Excessive Sweating Avoidance of places or situations Bad Memories of Past Events Sleep Pattern Changes Easily Startled]	
Has this Consumer been assessed for Co-Occurring disorders	Yes	
<b>History of Illness</b>		
Questions	Answers	Comments
Forensic or Court Ordered Treatment	No	
Continuous Treatment of 6 Months or more (includes treatment during adolescence, in one or a combination of, the following modalities: inpatient treatment, day treatment or partial hospitalization.)	No	
Six (6) months continuous residence in a Residential Program.	No	
Two (2) or more admissions of any duration within a 12 month period. (To inpatient treatment, day treatment, partial hospitalization or residential programming)	No	
A history of using the following outpatient services over a 1 year period; either continuously or intermittently: psychotropic medication management, case management, outreach and engagement services.	No	
Previous treatment in an outpatient modality, and a history of at least one mental health psychiatric hospitalization.	No	
Treatment History Comments	Comments	This is her first experience with Mental Health, but she is overwhelmed, depressed, anxious with all of the symptoms that go with those disorders.
<b>Cross Disability</b>		
Questions	Answers	Comments
Type of Services needed as determined by Assessment Staff. Select up to 3 services	IMH Cases Management	
Type of Services sought by Consumer as determined by Consumer. Select up to 6 services.	IMH Case Management	
Age of primary caregiver. If unknown, you may report the value of "99". If no primary caregiver, you may report the value of "00" signifying "Not Applicable".	Age	00
Date Cross Disabilities Database Form completed	4/11/16	
<b>Functional Criteria</b>		
Questions	Answers	Comments
Has SERIOUS impairment in social, occupational or school functioning.	Yes	
Is unemployed or working only part-time due to mental illness. Not for reasons of physical disability or some other role responsibility, is employed in a sheltered setting or supportive work situation, or has markedly limited work skills.	Yes	
Requires help to seek public financial assistance for out-of-hospital maintenance.	No	

Chicago Client Profile

Page No. 3 of 5

version\_v5.x\_06/17/2016

MIRZA000003

03/22/2018 THU 15:09 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0006/054

## Chicago Client Profile

3/22/2018 12:58 PM

Susan Pelton



## Report Parameters

Activity Details Number: 23012178		
<b>Functional Criteria</b>		
Questions	Answers	Comments
Does not seek appropriate supportive community services. (e.g. recreational, educational or vocational support services, without assistance)	No	
Lacks a supportive social system(s) in the community. (e.g. no intimate or confiding relationship with anyone in their personal life, no close friends or group affiliations, is highly transient.)	No	
Requires assistance in basic life and survival skills. (Must be reminded to take medications, must have transportation to mental health clinic, needs assistance in self-care, household management, food preparation, is homeless or at risk of becoming homeless.)	No	
Exhibits inappropriate or dangerous social behavior which results in demand for intervention by the mental health and/or judicial/legal system.	No	
Functional Criteria Alternate. If the Consumer does not currently meet the functional criteria listed above, the Consumer may still qualify as a result of the following item.	Answer	Client is in crisis right now. She is very depressed and anxious and is unable to move forward in her life without intervention.
Is currently receiving treatment, has a history within the past 5 years of functional impairment. The Consumer met TWO of the functional criteria listed above which persisted for at least 2 months and there is documentation supporting the professional judgement that regression in functional impairment would occur without continuing treatment.	Yes	
<b>Justice Involvement</b>		
Questions	Answers	Comments
Consumer's criminal justice system involvement at the time of case registration	Not Applicable	
Number of Station Arrest	0	
Number of Department of Corrections incarcerations.	0	
Danger to Self	No	
Dangerous Behavior FROM others	No	
Dangerous TO others	No	
<b>Preliminary Disposition</b>		
Questions	Answers	Comments
Client is scheduled for an INTAKE. Please note Appointment Date and Time and Staff name.	Comment	Client is scheduled to do the CMHA on 4/12/18 at 3pm with Dr. Pelton
Client provided with following information	Comment	Client was given this information and actually selected the date.

03/22/2018 THU 15:09 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

007/054

## Chicago Client Profile

3/22/2018 12:59 PM

Susan Pelton



City of Chicago

### Report Parameters

ActivityDetailNumber: 23012178

#### Patient

04/11/2018

#### Clinician

04/13/2018

Susan

Pelton

PhD, LPHA

#### Supervisor

Susan

Pelton

PhD, LPHA

03/22/2018 THU 15:09 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

008/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pellon



City of Chicago

## Report Parameters

ActivityDetailNumber: 23013828

Program:	HLT Mental Health
ID:	2272561
Name:	Amber Mirza
DOB:	8/5/1975
Service Date:	4/14/2016
Time:	02:30 PM
Duration:	120.00 Units
Modality:	In Person

## Presenting Problem

Please use the Consumer's or Referring Provider's "own words" to describe problem and chief complaint

## Medication Communication Refill Request

Communication	Language
	English

## Allergy

Allergy	Type	Severity	Reaction	Note
---------	------	----------	----------	------

## History

Source of Information?
Patient
What/who brought the patient to treatment?
Need for psychotropic medication refill/ Psychiatric symptoms

## Medication History

Please use Medication BY FAX section to enter medications listed below, please include all

Prescription medication, Non-Prescription medication, vitamins, or Herbal Supplements.

Medications	Dosage	Reason for taking medication	Medication Effectiveness	Side Effects	Compliant with medication	Reasons for stopping	Medication source	Start Date	Stop Date	Comment
-------------	--------	------------------------------	--------------------------	--------------	---------------------------	----------------------	-------------------	------------	-----------	---------

03/22/2018 THU 15:09 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0009/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



City of Chicago

Treatment History Please note chronologically							
*Treatment History Type	*Treatment History Facility	*Treatment History Admission Date	*Treatment History Discharge Date	*Reason for Admission or Outpatient Services	*Voluntary/Involuntary	*Date of Last Psych Appt	Comment

Symptoms	
<b>Mood symptoms</b>	
[Sadness]Behavior that is different from usual behavior[Hopelessness]Loss of interest[Feeling empty]Restless or irritable[Not wanting to live]Tired or slowed down[Anxiety]Changes in appetite[Excessive worry]Extreme irritability[Changes in sleep pattern]Spending spree[Excessive guilt][Distraction][Racing thoughts or jumping from one idea to the next]Talking fast[Abuse of sleeping pills]	
<b>Anxiety symptoms</b>	
[Muscle tension]Upset stomach[Avoidance of places or situations]Chest pain[Feeling out of control]Bad memories of past events[Excessive sweating]Fear of going crazy[Heart racing]Hypervigilance[Difficulty trusting people]Trouble sleeping[Easily startled]Easily angered	
<b>Psychotic positive symptoms</b>	
[None]	
<b>Psychotic negative symptoms</b>	
[None]	
<b>Cognitive symptoms</b>	
[Difficulty concentrating]Difficulty processing information	
<b>Other symptoms</b>	
[Mood instability][Instability in interpersonal relationships]Often feels mistreated[Sense of shame stigma or guilt][Intense bouts of anger]Depression[Anxiety]	
<b>Eating disorder symptoms</b>	
[None]	

Suicidal Thoughts	
Have you ever thought about suicide or not wanting to live?	
No	
Do you feel suicidal now?	
Not applicable	
Have you ever attempted suicide?	
Not applicable	
How many times have you attempted suicide?	



03/22/2018 THU 15:09 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

010/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



City of Chicago

How did you attempt suicide?	
Not applicable	
Were you intoxicated with drugs or alcohol during the attempts? If yes, please explain.	
Not applicable	
If yes to intoxication, please explain	
Did you ever have any regrets over the attempt? Please explain?	
Not applicable	
If yes to regrets, please explain	
Partner/Spouse/Ex-Spouse in Household?	
Yes	
Partner/Spouse/Ex-Spouse have Substance Use/Abuse?	
No	
Partner/Spouse/Ex-Spouse has Mental Illness?	
No	
Partner/Spouse/Ex-Spouse has Psych Hospitalization?	
Not applicable	
Partner/Spouse/Ex-Spouse have Suicide Attempt?	
No	
Partner/Spouse/Ex-Spouse is Supportive?	
Yes	
Partner/Spouse/Ex-Spouse is Non-Supportive?	
No	
Partner/Spouse/Ex-Spouse has Military Service?	
No	
Partner/Spouse/Ex-Spouse Used to Drink/Use Drugs and Stopped?	
No	
Partner/Spouse/Ex-Spouse has Serious Medical Problems?	
No	
Partner/Spouse/Ex-Spouse has Disability?	
No	
Partner/Spouse/Ex-Spouse has Medications?	
No	
Partner/Spouse/Ex-Spouse has Criminal Activity?	
No	



03/22/2018 THU 15:09 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

011/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



City of Chicago

<b>Partner/Spouse/Ex-Spouse has Violence in Family?</b>	
No	
<b>Partner/Spouse/Ex-Spouse has been Incarcerated?</b>	
No	
<b>Do you have any thoughts about harming anyone else right now?</b>	
No	
<b>What about in the past? Have you ever physically hurt someone intentionally and they needed to or should have gone to the doctor or hospital for their injuries? If yes, please explain.</b>	
No	
<b>If yes to harming anyone else, please explain</b>	
Answer	N/A
<b>Appearance</b>	
Appropriately Dressed	
<b>Attitude</b>	
Cooperative Withdrawn	
<b>Affect</b>	
Tearful Depressed Sad Appropriate Anxious	
<b>Mood</b>	
Sad Anxious Depressed	
<b>Perceptual Disturbances</b>	
Not applicable	
<b>Speech</b>	
Normal volume Rapid Age appropriate	
<b>Psychomotor</b>	
Assessed - no remarkable findings	
<b>Thought Process</b>	
Goal directed	
<b>Other Comments</b>	
Answer	She experienced a huge trauma and it is affecting her very badly right now.
<b>Psychosis</b>	
No	
<b>Suicidal or Homicidal</b>	
No	

03/22/2018 THU 15:10 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

012/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



City of Chicago

<b>Cognition</b>	
Grossly Intact	
Insight	
(Moderate insight into illness)	
Judgement	
Age appropriate	
Impulse Control	
Adequate	

<b>Person Orientation</b>	
Yes	
Place Orientation	
Yes	
Time Orientation	
Yes	
Reality Orientation	
Yes	

<b>Forward Digit Span</b>	
Ask the patient to repeat up to 7 random digits forwards. (Record number of digits recalled correctly.) If the patient can repeat digits 1,3,5,4 forwards, the Forward Digit Span is "4".	
4	
<b>Backwards Digit Span</b>	
Ask the patient to repeat up to 7 random digits backwards. (Record number of digits recalled correctly.) If the patient can repeat digits 4,5,3,1 backwards, the Backward Digit Span is "4".	
4	
<b>Subtraction</b>	
Ask the patient to subtract "7" from 100 and continue for each remainder. If unable to subtract 7, ask for subtraction of "3" from 100 and continue for each remainder E.g.: 100-93-86-79-72-65... OR 100-97-94-81-88-85-82-75	
82	
<b>Multiplication</b>	
Ask the patient to multiply 8 x 7 and record as correct (56) or incorrect.	
Correct	
<b>Addition</b>	
Ask patient to add 8 + 7 and record as correct (15) or incorrect.	
correct	

<b>Person Orientation</b>	
Ask patient to name 5 currently famous or important person such as musicians, athletes, politicians, etc.	
Answer	Obama, M.Obama, Trump, Michael Jackson, Richard Greer

03/22/2018 THU 15:10 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

013/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



Ask patient to report the LATEST news from TV, radio, or newspapers and indicate status of response.	
Appropriate	
Ask patient to name 5 LARGE American Cities and list answers	
Answer	NY Chi Houston Wash DC Atlanta

<b>Memory</b>	
Ask Patient their Date of Birth and record	
8/5/1975	
Ask patient how they arrived at appointment and their route. Evaluate their reply	
Logical	
Ask the patient to repeat "Brown Dog, Blue Chair, White House". Tell the patient you will ask them to repeat these same items after 5 minutes.	
[Brown Dog Blue Chair White House	
Repeat colored lists after five minutes.	
[Brown Dog Blue Chair White House	

<b>Apperception</b>	
Ask patient to interpret "People who live in glass houses should not throw stones."	
Appropriate	
Ask patient to interpret "The grass is always greener on the other side of the fence."	
Appropriate	
Ask patient what they would do if they found a stamped, addressed envelope lying on the ground.	
Put it in a mailbox	
Ask patient what they would do if they were in a theater and smelled smoke.	
Find the source of the smoke	
If no substance use / abuse Hx, please check appropriate box.	
No Significant History Found	

Substance Use / Abuse History							
	AdminRoute	Age1stUse	Amount	DrugName	LastUseOccurrence	LifetimeDuration	TypeofDrug
Drug1							
Drug2							
Drug3							
Drug4							
Drug5							
Drug6							
Drug7							
Drug8							

03/22/2018 THU 15:10 FAX 3127464491 Public Health RECEIVED 03/22/2018 03:11PM

014/054

Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



City of Chicago

UseFrequency

03/22/2018 THU 15:10 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

015/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



City of Chicago

Alcohol/Drug/Other Use	
Have you thought you should reduce your alcohol intake?	
No	
Are you annoyed by other's comments about your drinking?	
Not applicable	
Have you felt ashamed at your drinking?	
Not applicable	
Have you drank alcohol upon waking to relieve a hangover?	
Not applicable	
Is the scoring of the history questions greater than 1?	
Score <2	
Is there compelling evidence that the person has a history of substance-related problems or issues?	
No	
Do you now or have you ever attended self-help (e.g. 12 step, etc) meetings related to drug or alcohol addiction?	
Not applicable	
Are you now or have you ever received any additional treatment including detoxification?	
Not applicable	
Additional Comments	
Comments	Does not drink

Current Living Situation	
Living with family	
Relationship Status	
Married	
Relationship Type	
Spouse	
Name	
Osman	
Age	
40	
Occupation	
Sales person	
Frequency of Contact	
Daily	
Client's feelings about this person/ relationship/ impact of this person/ relationship on client	
Answer	I love him

03/22/2018 THU 15:10 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

016/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pellon



City of Chicago

Client's concerns about children (i.e. worried about custody, school, high risk behavior, exposure to violence, etc.)	
Answer	No
<b>Childhood and Trauma</b>	
Current and past exposure to emotional traumatic experiences	
Current	Work Experience
Current and past exposure to sexual traumatic experiences	
None	
Current and past exposure to physical traumatic experiences	
None	
Other (e.g. flood, tornado, hurricane, accidents, displaced from home, forced immigration, exposure to war/torture, violence, seclusion, restraints, etc.) Please describe	
Answer	None reported
If Client reports current physical, emotional or sexual abuse, does the client feel that he/she is in immediate danger from the perpetrator?	
No	

**Children**

	SchoolGrade	Work	ChildAge	ChildType
Child1			18	own
Child2			3.5	own
Child3				
Child4				
Child5				
Child6				
Child7				
Child8				

<b>Family History</b>	
Client's characterization of family or origin/ childhood experiences (narrative format of economic, housing, losses, separations, etc.)	
Answer	I was raised by both parents - the old school method - I was the curious one - I have 1 younger sister. Pretty good. Growing up was fun - I was very young when I got married - when I was 15yo - My mother arranged my marriage.
Primary Caregiver check all that apply	
Mother	
Relationship(s) of primary adult(s) who raised client	
Answer	Very friendly - we are like friends
Supportive	
Yes	

03/22/2018 THU 15:10 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

017/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



City of Chicago

Yes	
Non-Supportive	
No	
No	
Substance Use/Abuse	
No	
No	
Mental Illness	
No	
No	
Psych Hospitalization	
Not applicable	
Suicide attempt(s)	
No	
Completed suicide	
Not applicable	
Experienced Domestic Violence	
No	
Was/is violent at home	
No	
Have you or your family members served in the Armed Forces?	
No	
Criminal Activity/Incarceration	
No	
Used to drink/used drugs & stopped	
No	
Serious medical problems.	
Yes	HI BP
Disability	
No	
Medications	
Yes	
Experienced Community Violence	
No	
Was/is violent in the community	
No	



03/22/2018 THU 15:10 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0018/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



City of Chicago

Client's feelings about this person(s)/ relationship(s). Impact on this person(s)/ relationship(s) on client	
Answer	My mother even though she married very young - but she accepted my questioning.
Other important adults when growing up	
Answer	None
Experiences of siblings or other children in household	
Not applicable	
Other things that may have affected client	
No	
Client's feelings about siblings or other children/ impact of these relationships on client	
Answer	We get along really well
Guardian Telephone Number	
770-401-8404	
MARCH 2018	
Current Treatment?	
Yes	
Date of last exam	
10/20/14	
Physician Name	
Answer	Dr. Plavdal - Houston
Physician Telephone Number	
Don't know	
Health Status (Self Report)	
Good	
Any Known Physical Symptoms or Complaints?	
Answer	None

Hx	Who	From Date	To Date	Note
----	-----	-----------	---------	------

Traumatic exposure during military days?	
Non-Veteran	
If yes to traumatic exposure, please explain:	

Ever been arrested?	
No	

03/22/2018 THU 15:10 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

019/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



City of Chicago

How many times?	
Last time arrested	
Reason for arrest	
Years of Incarceration	
Probation	
Reason(s) for Probation	
Parole	
Reason(s) for Parole	
Court Supervision	
No	
Reason(s) for Court Supervision	
Present Legal Status	
Competent	
Guardian	
Answer	Self
Other Legal Issues check all that apply	
None	
How Legal Issue reported check all that apply	
Self report	

Education	
Years of school (K-12) completed	
Graduated	
Years of college completed, if applicable	
Graduated	
College Graduate / Specialized Training	
Answer	BS in Information Technology

03/22/2018 THU 15:10 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0020/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



City of Chicago

<b>Graduate/ Post-Graduate/ Professional Training</b>	
Answer	None
<b>School problems that may still have an impact on client</b>	
Answer	None
<b>School Achievements (Academic, Sports, Artistic, Community, Other)</b>	
Answer	Got a scholarship for College
<b>Current Employer/ Source of Income</b>	
Answer	Just unemployed
<b>Unemployment Date</b>	
3/25/18	
<b>Unemployment Reason(s)</b>	
Answer	Religious and Race bias
<b>Work Problems</b>	
Answer	None
<b>Other Interests, Hobbies, Activities</b>	
Answer	Cooking, Music, gardening
<b>Client's report of his/her current strengths, interests, coping strategies and accomplishment</b>	
<b>Client report of his or her current strengths, interests, coping strategies and accomplishments:</b>	
Answer	Honest, loving and caring, affectionate, good parent
<b>Insight and Perspective:</b> Please include resources and sources of support, relationships with and concern for children, ability to care for children, openness to seeking help. Check all that apply:	
<input type="checkbox"/> Ability to take perspective & see alternative viewpoints <input type="checkbox"/> Awareness of his/her own psychological needs <input type="checkbox"/> Self awareness <input type="checkbox"/> Judgement: able to foresee consequences of actions <input type="checkbox"/> Insight: able to be introspective <input type="checkbox"/> Sense of humor	
<b>Interpersonal Strengths:</b> Check all that apply	
<input type="checkbox"/> Ability to set appropriate boundaries in relationship with others <input type="checkbox"/> Ability to protect self & children <input type="checkbox"/> Ability to have empathy for self and others <input type="checkbox"/> Able to care for others <input type="checkbox"/> Ability to care for children reliably <input type="checkbox"/> Parenting <input type="checkbox"/> Care <input type="checkbox"/> Ability to establish mature relationships with others	
<b>Cognitive and Executive Strengths:</b> Check all that apply	
<input type="checkbox"/> Takes initiative <input type="checkbox"/> Talents <input type="checkbox"/> Ability to follow through on commitments <input type="checkbox"/> Skills <input type="checkbox"/> Intelligence <input type="checkbox"/> Consistent problem solving & decision making <input type="checkbox"/> Education	
<b>Self-Care Strengths:</b> Check all that apply	
<input type="checkbox"/> Ability to live independently <input type="checkbox"/> Manage medication <input type="checkbox"/> Ability to work <input type="checkbox"/> Openness to seeking help <input type="checkbox"/> Motivation for recovery <input type="checkbox"/> Ability to manage finances <input type="checkbox"/> Able to manage feelings <input type="checkbox"/> Ability to survive despite adversity <input type="checkbox"/> Ability to engage in treatment	

03/22/2018 THU 15:11 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

021/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pellon



City of Chicago

<b>Clients Needs:</b>	
<b>Clients Preferences:</b>	
<b>Resources and Support Network</b>	
Supportive family members	Sense of purpose and meaning
<b>High Risk Indicators</b>	
List high risk indicators. Check only if it applies as high risk.	
No Income	
<b>Diagnosis</b>	
AXIS I Diagnosis	
AXIS II Diagnosis	
AXIS III Diagnosis	
ICD10 Diagnosis	
Please summarize relationship between current symptom/disorders/high risk indicators, precipitants, abilities and strengths.	

03/22/2018 THU 15:11 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0022/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



City of Chicago

[Click here for comment](#)

## Presenting Problem:

Amber Mirza DOB: 8/6/1975

I was just fired a couple of weeks ago - I had only been on the job since March 1st, and they terminated me March 25th. I can't sleep, I am crying all the time, I can't focus, I am snapping at my children - I don't want to do that. I just feel lost.

Mode of Communication: This interview was done in spoken English.

Allergies: She said that she did not have any allergies.

## Psychiatric Treatment History:

None.

## Current Psychotropic Medication:

None

## Summary and Case Formulation:

This is the initial CMHA for this 40 yo female. She was recently terminated from a job that she had just gotten. She had been working in a fortune 500 company for the past 8 years, but the job was taking more and more of her time and it became more extensive in nature, and when a headhunter approached her about another company that would allow her to spend more time with her twin 3yos, she jumped on it. She was interviewed on the phone and the person was very excited about her history. She met someone in HR for a very very brief meeting and as she was walking out of the building, she was called by the headhunter telling her she got the job.

When she started at the job, the HR people she said "Were really stunned that I was middle eastern, and they asked if I was Muslim, where my parents were from and if I drank." They also asked her for her passport, which she provided for them and they noted that she travels to Pakistan and Saudi Arabia. She stated that she has family in both places, but felt their non-verbal communication was very negative. They gave her assignments that she either finished early or on time and she was praised for her work. They asked her to help someone who was sick finish her assignment - which she did, and was praised again for her work. There were times that her supervisor OK-ed that problems submitted had been fixed when the client say that they were not fixed. The client re-listed the problems and then fixed it. She was told she was going to be on a conference call on Friday, the 25th. Some people who were the head of HR were also on the call. Her supervisor told her quickly that as of that day, she was terminated, and when she asked why - the woman told her to return her equipment and hung up.

The client had never experience that level of hate from a group of people before in her life, and this turned her world upside down. She has not been able to sleep, has many symptoms of depression and anxiety, feels that she is not as good a mother to her babies as she was before, she is starting to argue with her husband. She does not have any SI/HI or psychotic features. Just trauma symptoms from this hate crime. I diagnosis her as adjustment disorder with depressed and anxiety because it has been less than 6 months since this traumatic event has occurred. If it extends longer, the diagnosis will be changed to PTSD.

## DSM5

F43.23 - Adjustment disorder with mixed anxiety and depressed mood

03/22/2018 THU 15:11 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

023/054

## Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



<b>Problem List (Placeholder for POC)</b>	
<b>Answer</b>	Deal with sleep, depression and anxiety issues. Deal with trauma issues Deal with depression and anxiety issues Support trying to get another job
<b>Recent Stressors Summary (AXIS IV) Check all that client feels are problematic.</b>	
Loss of job Victim of crime Financial problems/poverty	
<b>Current GAF Score (AXIS V).</b>	
<b>GAF Score</b>	60
<b>Highest Level Past Year</b>	
89	
<b>Additional Comments</b>	
<b>Comments</b>	Client is a victim of a hate crime by her employer. She was really traumatized by this and needs to begin to deal with the trauma associated with this crime.
<b>Treatment Recommendations</b>	
Staffing (Physician, Therapist, Center Director & Supervisor) Psychiatric Evaluation Individual Psychotherapy/Counseling Case Management Individual Community Support	
<b>Summary and Recommendations</b>	
<b>Summary</b>	Client is an intelligent, kind woman who was a victim of a religious and racial hate crime by her last employer. She had worked for 16 years before moving to this new company - wanting to spend more time with her 3yos. Within 25 days of working in this new job, without warning, giving her only praise on her work during that time, client was terminated on a conference call with no reason given to her. She was very traumatized by this and went into a depressed/anxious state that she does not know how to deal with. She will see the MD and myself for trauma work.

<b>Case Assigned to (Clinician)</b>	
Dr. Pelton	
<b>Case Assigned on</b>	
4/14/2018	
<b>Case assigned at (time):</b>	
4pm	
<b>Treatment Plan Due</b>	
30 days hence	

03/22/2018 THU 15:11 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0024/054

Chicago Mental Health Comprehensive Report

3/22/2018 1:03 PM

Susan Pelton



City of Chicago

Patient

07/13/2018

Clinician

04/14/2018

Susan

Pelton

PhD, LPHA

Supervisor

Susan

Pelton

PhD, LPHA



03/22/2018 THU 15:11 FAX 3127464491 Public Health

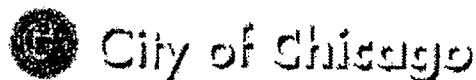
RECEIVED 03/22/2018 03:11PM

025/054

## Chicago Client Profile

3/22/2018 1:00 PM

Susan Pelton



## Report Parameters

ActivityDetailNumber: 23014617

## CDPH

Program:	HiLTMentalHealth
ID:	2272661
Name:	Amber Mirza
DOB:	6/5/1975
Service Date:	4/14/2018
Time:	02:30 PM
Duration:	120.00 Units
Modality:	In Person
DHS Code:	00

## Diagnosis

AXIS I Diagnosis		
AXIS II Diagnosis		
AXIS III Diagnosis		
ICD10 Diagnosis		
F31.81 (ICD10)	Bipolar II disorder	Primary
F43.11 (ICD10)	Post-traumatic stress disorder, acute	Unknown
Z59.6 (ICD10)	Low Income	Unknown
Z63.8 (ICD10)	Other specified problems related to primary support group	Unknown

QuestionCode: Mental\_Health\_DAP\_Progress\_Note

## Presenting Problem

Questions	Answers	Comments
Please use the Consumer's or Referring Provider's "own words" to describe problem and chief complaint.	Description of Problem	I just got fired from this company and I can't seem to get over it. DSM5 F43.23 - Adjustment disorder with mixed anxiety and depressed mood

Questions	Answers	Comments
Appearance	Appropriately dressed	
Mood Symptoms	[Depressed] [Restless] [Anxious] [Sad]	
Anxiety Symptoms	[Hypervigilant] [Easily startled] [Physical symptoms]	
Psychotic Symptoms	[None]	
Psychomotor Symptoms	[None]	

Chicago Client Profile

Page No. 1 of 4

version\_v5.x\_05/17/2016

MIRZA000023

03/22/2018 THU 15:11 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0026/054

## Chicago Client Profile

3/22/2018 1:00 PM

Susan Pelton



City of Chicago

## Report Parameters

ActivityDetailNumber: 23014617

Data:

Questions	Answers	Comments
Speech Symptoms	None	
Suicide Symptoms	None	
Homicidal Symptoms	None	
Additional Observations	Observations	She is just very overwhelmed buy the traume that she experienced.

03/22/2018 THU 15:11 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

027/054

## Chicago Client Profile

3/22/2018 1:00 PM

Susan Pellon



City of Chicago

## Report Parameters

ActivityDetailsNumber: 23014617

## Assessment

Questions	Answers	Comments
1. Please describe your assessment of the reported symptoms and your observations:	Assessment_1	<p>This is the initial CMHA for this 40 yo female. She was recently terminated from a job that she had just gotten. She had been working in a fortune 500 company for the past 8 years, but the job was taking more and more of her time and it became more extensive in nature, and when a headhunter approached her about another company that would allow her to spend more time with her twin 3yos, she jumped on it. She was interviewed on the phone and the person was very excited about her history. She met someone in HR for a very very brief meeting and as she was walking out of the building, she was called by the headhunter telling her she got the job.</p> <p>When she started at the job, the HR people she said "Were really stunned that I was middle eastern, and they asked if I was Muslim, where my parents were from and if I drank." They also asked her for her passport, which she provided for them and they noted that she travels to Pakistan and Saudi Arabia. She stated that she has family in both places, but felt their non-verbal communication was very negative. They gave her assignments that she either finished early or on time and she was praised for her work. They asked her to help someone who was sick finish her assignment - which she did, and was praised again for her work. There were times that her supervisor OK-ed that problems submitted had been fixed when the client say that they were not fixed. The client re-listed the problems and then fixed it. She was told she was going to be on a conference call on Friday, the 25th. Some people who were the head of HR were also on the call. Her supervisor told her quickly that as of that day, she was terminated, and when she asked why - the woman told her to return her equipment and hung up.</p> <p>The client had never experience that level of hate from a group of people before in her life, and this turned her world upside down. She has not been able to sleep, has many symptoms of depression and anxiety, feels that she is not as good a mother to her babies as she was before, she is starting to argue with her husband. She does not have any SI/HI or psychotic features. Just trauma symptoms from this hate crime. I diagnosis her as adjustment disorder with depressed and anxiety because it has been less than 6 months since this traumatic event has occurred. If it extends longer, the diagnosis will be changed to PTSD.</p>

03/22/2018 THU 15:11 FAX 3127464491 Public Health

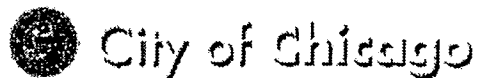
RECEIVED 03/22/2018 03:11PM

0028/054

## Chicago Client Profile

3/22/2018 1:00 PM

Susan Pelton



## Report Parameters

ActivityDetailNumber: 23014617

Treatment and Plan		
Questions	Answers	Comments
Treatment Recommendations #1	Psychotherapy/Case Management	
Plan for next activities #1	Continue psychotherapy (Individual) Continue Case Management/Refer to psychiatrist	
Patient's ability to adhere to Treatment Recommendation and Plan #1	Good	
Compliance with scheduled appointments #1	Yes	
Compliance with treatment plan #1	Not applicable	
Return to clinic #1	1 week	
Additional Comments for Next Appointment	Click to Describe	ITP needs to be done

Patient

03/22/2018 THU 15:12 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

029/054

## Chicago Client Profile

3/22/2018 12:58 PM

Susan Pelton



City of Chicago

## Report Parameters

ActivityDetailsNumber: 23013978

## CDPH

Program:	HLT Mental Health
ID:	2272501
Name:	Ambar Mirza
DOB:	8/5/1975
Service Date:	4/14/2016
Time:	10:55 AM
Duration:	Units
Modality:	In Person
DHS Code:	H0031

## Diagnosis

AXIS I Diagnosis		
AXIS II Diagnosis		
AXIS III Diagnosis		
ICD10 Diagnosis		
F31.81 (ICD10)	Bipolar II disorder	Primary
F43.11 (ICD10)	Post-traumatic stress disorder, acute	Unknown
Z58.6 (ICD10)	Low Income	Unknown
Z63.8 (ICD10)	Other specified problems related to primary support group	Unknown

QuestionCode: Mental\_Health\_Psychiatric\_Progress\_Note

Visit Type		
Questions	Answers	Comments
Visit Type	Emergency Medication Appointment	
Referral Info		
Questions	Answers	Comments
Person providing information	self	
Referred by	Outpatient Psychiatric Provider	

03/22/2018 THU 15:12 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

030/054

## Chicago Client Profile

3/22/2018 12:58 PM

Susan Patton



City of Chicago

## Report Parameters

Activity Details Number: 23013978

## Patient Report

Questions	Answers	Comments
Patient Report	Report	I cannot sleep. I think and relive the scene over and over again. I have always worked for the fortune 500. I took this job with this company and after a few weeks they let me go, when they found out that I was a muslim. I cry every day.

## Current Symptoms

Questions	Answers	Comments
Mood Symptoms	(Sadness)Anxiety	
Anxiety Symptoms	(Exaggerated fears)Upset stomach Excessive sweatingHeart racing	
Psychologic positive symptoms	(Patient denies)	
Psychologic negative symptoms	(Patient denies)	
Cognitive symptoms	(Patient denies)	
Other symptoms	(Intense bouts of anger)(Depression) Anxiety	
Eating Disorder Symptoms	(Patient Denies)	
Have you ever thought about suicide or not wanting to live?	No	
Do you feel suicidal now? If Yes, then please refer to the Suicide / Homicide Addendum form. If the patient has answered Yes to the #1 and is not imminently suicidal, then please continue.	No	
Have you ever attempted suicide?	No	
Do you have any thoughts about harming anyone else right now?	No	
What about in the past? Have you ever physically hurt someone intentionally and they needed to or should have gone to the doctor or hospital for their injuries? If yes, please explain.	No	

## Mental Status Examination

Questions	Answers	Comments
Speech	(Normal volume)RapidPressured	
Psychomotor	(Agitated)	
Psychosis	No	
Suicidal or Homicidal	No	
Thought Process	Over inclusive	
Cognition	Grossly intact	
Insight	(Moderate insight into illness)	
Judgement	Age appropriate	
Impulse Control	Adequate	

## Treatment Recommendations and Plan

Questions	Answers	Comments
Treatment Recommendations	Medication education	

Chicago Client Profile

Page No. 2 of 4

version\_v5.x\_03/17/2018

MIRZA000028



03/22/2018 THU 15:12 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

031/054

## Chicago Client Profile

3/22/2018 12:58 PM

Susan Pelton



City of Chicago

## Report Parameters

ActivityDetailNumber: 23013978

## Treatment Recommendation and Plan

Questions	Answers	Comments
Plan for next activities	(Continue individual psychotherapy) Individual Counseling continued	
Patient's ability to adhere to the Treatment Recommendation and Plan	Good	
Compliance with Scheduled Appointments	(Not applicable)	
Compliance with treatment plan	Not applicable	
Return to Clinic	1 week	

## Problem Diagnosis

Questions	Answers	Comments
Axis IV Recent Stressors	Loss of job	
AXIS V GAF SCORE	45	

## Psychiatric Assessment

Questions	Answers	Comments
Attitude	(Cooperative)(Pleasant)	
Affect	(Angry)(Dysthymic)(Irritable)(Depressed) Sad/Anxious	
Psychiatric Assessment	Assessment	40 yr. old female complains of being depressed, angry and anxious since she was let go from her job 3 weeks ago. She is mildly agitated, with fast and pressured speech. Cries profusely through out the session. Imp. major depression. Disp. citalopram 20mg qd, Imazodone 50 mg hs and Aliven 0.5 mg bid pm for anxiety.
Current Status	Current Status	

## Data

Questions	Answers	Comments
Appearance	(Appropriately dressed)	
Mood Symptoms	(Depressed)(Anxious)(Restless)	
Anxiety Symptoms	(Physical symptoms)(Hypervigilant)	

## Mental Health Education

Questions	Answers	Comments
Who has Received the Psycho educational Material	Patient	
What Psycho education material has the person received 1	(Direction on how to take medication) Side-effects of prescribed psychotropic medications	



03/22/2018 THU 15:12 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

032/054

## Chicago Client Profile

3/22/2018 12:58 PM

Susan Pellon



City of Chicago

---

### Report Parameters

ActivityDetailsNumber:	23013978
------------------------	----------

Patient

---

03/22/2018 THU 15:12 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

033/054

## Chicago Client Profile

3/22/2018 12:55 PM

Susan Pelton



City of Chicago

## Report Parameters

ActivityDetailNumber: 23023971

## CDPH

Program:	HLTMentalHealth
ID:	2272881
Name:	Amber Mirza
DOB:	8/5/1975
Service Date:	5/4/2018
Time:	11:25 AM
Duration:	Units
Modality:	In Person
DHS Code:	H0031

## Diagnosis

## AXIS I Diagnosis

## AXIS II Diagnosis

## AXIS III Diagnosis

## ICD-10 Diagnosis

F31.81 (ICD10)	Bipolar II disorder	Primary
F43.11 (ICD10)	Post-traumatic stress disorder, acute	Unknown
Z59.6 (ICD10)	Low income	Unknown
Z83.8 (ICD10)	Other specified problems related to primary support group	Unknown

## QuestionCode: Mental\_Health\_Psychiatric\_Progress\_Note

## Visit Type

## Questions

## Answers

## Comments

Visit Type

Medical Management follow up

## Referral Info

## Questions

## Answers

## Comments

Person providing information

Self

Referred by

Self

03/22/2018 THU 15:12 FAX 3127464491 Public Health

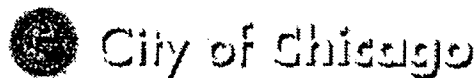
RECEIVED 03/22/2018 03:11PM

034/054

## Chicago Client Profile

3/22/2018 12:55 PM

Susan Pelton



## Report Parameters

ActivityDetailNumber: 23023971

## Patient Report

Questions	Answers	Comments
Patient Report	Report	My insurance does not cover the topamax. I don't like the way the Geroquel makes me feel. I cannot sleep when I take 1/2 and the whole one makes me drowsy. I cannot think. My friend suggested that I take Adderall.

## Current Symptoms

Questions	Answers	Comments
Mood Symptoms	[Sadness]Racing thoughts or jumping from one idea to the next	
Anxiety Symptoms	[Easily angered]	
Psychotic positive symptoms	[Patient denies]	
Psychotic negative symptoms	[Lack of pleasure]Ability to sustain activity diminished	
Cognitive symptoms	[Difficulty with attention]Difficulty concentrating	
Other symptoms	[Intense bouts of anger]Depression] Anxiety	
Eating Disorder Symptoms	[Out of control eating]	
Have you ever thought about suicide or not wanting to live?	No	
Do you feel suicidal now? If Yes, then please refer to the Suicide / Homicide Addendum form. If the patient has answered Yes to the #1 and is not imminently suicidal, then please continue.	No	
Have you ever attempted suicide?	No	
Do you have any thoughts about harming anyone else right now?	No	
What about in the past? Have you ever physically hurt someone intentionally and they needed to or should have gone to the doctor or hospital for their injuries? If yes, please explain.	No	

## Mental Status Examination

Questions	Answers	Comments
Speech	[Normal volume]Pressured	
Psychomotor	Assessed - no remarkable findings	
Psychosis	No	
Suicidal or Homicidal	No	
Thought Process	Circumstantial	
Cognition	Grossly intact	
Insight	[Poor insight into illness]	
Judgement	Age appropriate	
Impulse Control	Adequate	

03/22/2018 THU 15:13 FAX 3127464491 Public Health

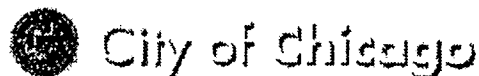
RECEIVED 03/22/2018 03:11PM

035/054

## Chicago Client Profile

3/22/2018 12:55 PM

Susan Pelton



## Report Parameters

ActivityDetailNumber: 23023971

## Treatment Recommendations and Plan

Questions	Answers	Comments
Treatment Recommendations	[Medication education] [Medication change]	
Plan for next activities	[Individual Counseling continued] [Continue case management]	
Patient's ability to adhere to the Treatment Recommendation and Plan	Good	
Compliance with treatment plan	Yes	
Return to Clinic	1 week	

## Problem Diagnosis

Questions	Answers	Comments
Axis IV Recent Stressors	Loss of job	
AXIS V GAF SCORE	45	

## Psychiatric Assessment

Questions	Answers	Comments
Attitude	[Cooperative] [Pleasant]	
Affect	[Sad] [Anxious]	
Psychiatric Assessment	Assessment	She does not like the side effects of the Seroquel. Her affect is improved and she is much calmer. Disp. dc Seroquel. Start zyprexa 5 mg qd, topomax 100mg bid. and continue pm Alivan. Return 1 week.
Current Status	Improved	

## Data

Questions	Answers	Comments
Appearance	[Appropriately dressed]	
Mood Symptoms	[Within normal limits]	
Anxiety Symptoms	[None]	

## Mental Health Education

Questions	Answers	Comments
Who has Received the Psycho educational Material	Patient	
What Psycho education material has the person received 1	Direction on how to take medication	

03/22/2018 THU 15:13 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0036/054

## Chicago Client Profile

3/22/2018 12:55 PM

Susan Pelton



City of Chicago

### Report Parameters

ActivityDetailsNumber: 23023971

Patient

03/22/2018 THU 15:13 FAX 3127464491 Public Health

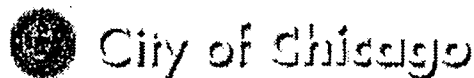
RECEIVED 03/22/2018 03:11PM

037/054

## Chicago Client Profile

3/22/2018 12:53 PM

Susan Pelton



## Report Parameters

ActivityDetailsNumber: 23024237

## CDPH

Program:	HLTMentalHealth
ID:	2272661
Name:	Amber Mirza
DOD:	6/5/1975
Service Date:	6/4/2018
Time:	08:30 AM
Duration:	90.00 Units
Modality:	In Person
DHS Code:	21

## Diagnosis

AXIS I Diagnosis		
AXIS II Diagnosis		
AXIS III Diagnosis		
ICD-10 Diagnosis		
F31.81 (ICD10)	Bipolar II disorder	Primary
F43.11 (ICD10)	Post-traumatic stress disorder, acute	Unknown
Z59.6 (ICD10)	Low income	Unknown
Z63.8 (ICD10)	Other specified problems related to primary support group	Unknown

QuestionCode: Mental\_Health\_DAP\_Progress\_Note

## Presenting Problem

Questions	Answers	Comments
Please use the Consumer's or Referring Provider "own words" to describe problem and chief complaint.	Description of Problem	She changed my medication but I don't know if this will help me sleep.  DSM5 F43.23 - Adjustment disorder with mixed anxiety and depressed mood
Data		
Questions	Answers	Comments
Appearance	Appropriately dressed	
Mood Symptoms	DepressedRestlessAnxious	
Anxiety Symptoms	HypervigilantAvoidantEasily startledPhysical symptomsNightmares	
Psychotic Symptoms	None	

Chicago Client Profile

Page No. 1 of 4

version\_v5.x\_05/17/2018

MIRZA000035

03/22/2018 THU 15:13 FAX 3127464491 Public Health

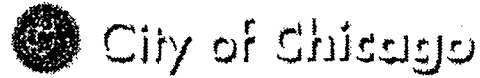
RECEIVED 03/22/2018 03:11PM

0038/054

## Chicago Client Profile

3/22/2018 12:53 PM

Susan Pelton



## Report Parameters

ActivityDetailsNumber: 23024237

Data

Questions	Answers	Comments
Psychomotor Symptoms	None	
Speech Symptoms	None	
Suicide Symptoms	None	
Homicidal Symptoms	None	
Additional Observations	Observations	Complaining about memory issues and "brain fog" since being on the medication.



03/22/2018 THU 15:13 FAX 3127464491 Public Health

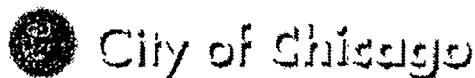
RECEIVED 03/22/2018 03:11PM

039/054

## Chicago Client Profile

3/22/2018 12:53 PM

Susan Pelton



## Report Parameters

Activity Details Number: 23024237

## Assessment

Questions	Answers	Comments
1. Please describe your assessment of the reported symptoms and your observations:	Assessment_1	<p>Client was oriented to person, place, time, and situation and gave no evidence of thoughts about harming herself or other people. This session was done face to face using spoken English.</p> <p>Focus of Session: This session focused on reviewing progress and handling reminders of her trauma.</p> <p>Modality: Client met with this writer at LMHC for therapy.</p> <p>Client came in and talked about the change in medication that the MD did. We reviewed what each medication was for and she expressed concern that the changes would still not allow her to sleep. We explored her concerns about the medication and the different side effects that she is experiencing. She then talked about how a lot of people around her are experiencing harassment and racism and we explored whether there have been so many more events happening or whether she is just highly sensitive to racism happening to people she knows. We processed how EMDR helps her get some distance from the overwhelming feelings and allows her to have a more objective narrative to the trauma she experienced.</p> <p>Intervention(s) Used: Reflection of what client said. Interpersonal therapy was used to examine her trauma and the process being used to help her get some distance from the emotional overwhelming feelings of it. She is much more aware of the level of racism in Chicago now than she was ever before in her life.</p> <p>Client Response to Intervention: She used up a lot of the session focusing on all the experiences of racism people she knew were having, and how they really made her feel like her trauma just occurred again.</p> <p>Client Progress Identified/Noticed: She is talking more fluidly about the racism around her and when we are able to do the EMDR she is able to clear out areas of trauma better.</p>

## Treatment and Plan

Questions	Answers	Comments
Treatment Recommendations #1	[Continue current medications] Psychotherapy/Case Management	
Plan for next activities #1	[Continue psychotherapy (Individual)] Continue Case Management	

Chicago Client Profile

Page No. 3 of 4

version\_v5.x\_05/17/2018

MIRZA000037

03/22/2018 THU 15:13 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

040/054

## Chicago Client Profile

3/22/2018 12:53 PM

Susan Pelton



City of Chicago

## Report Parameters

ActivityDetailsNumber: 23024237

## Treatment and Plan

Questions	Answers	Comments
Patient's ability to adhere to Treatment Recommendation and Plan #1	Good	
Compliance with scheduled appointments #1	Yes	
Compliance with treatment plan #1	Yes	
Return to clinic #1	1 week	
Additional Comments for Next Appointment	Click to Describe	The appointment will be extended so that we can do a full hour of EMDR.

Patient

Clinician

*Ann Doherty, Ph.D.*

05/04/2018

Supervisor

03/22/2018 THU 15:13 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0041/054

## Chicago Client Profile

3/22/2018 12:52 PM

Susan Pelton



City of Chicago

## Report Parameters

ActivityDetailNumber: 23037789

## CDPH

Program:	HLT Mental Health
ID:	2272661
Name:	Amber Mirza
DOB:	8/5/1975
Service Date:	8/1/2018
Time:	12:04 PM
Duration:	Until
Modality:	In Person
DHS Code:	H0031

## Diagnosis

AXIS I Diagnosis		
AXIS II Diagnosis		
AXIS III Diagnosis		
ICD10 Diagnosis		
F31.81 (ICD10)	Bipolar II disorder	Primary
F43.11 (ICD10)	Post-traumatic stress disorder, acute	Unknown
Z59.6 (ICD10)	Low Income	Unknown
Z63.8 (ICD10)	Other specified problems related to primary support group	Unknown

## QuestionCode: Mental\_Health\_Psychiatric\_Progress\_Note

Visit Type		
Questions	Answers	Comments
Visit Type	Follow Up	
Referral Info		
Questions	Answers	Comments
Person providing information	self	
Referred by	Self	
Patient Report		
Questions	Answers	Comments
Patient Report	Report	My friend gave me one of her Xanax and it really works for me. I was able to sleep. The Ativan does not work. The Seroquel makes me sleep, but I have blurred vision and my hair falls out.

Chicago Client Profile

Page No. 1 of 4

version\_v5.x\_05/17/2018

MIRZA000039

03/22/2018 THU 15:13 FAX 3127464491 Public Health

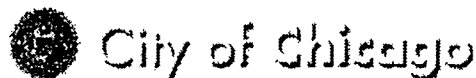
RECEIVED 03/22/2018 03:11PM

042/054

## Chicago Client Profile

3/22/2018 12:52 PM

Susan Pelton



## Report Parameters

ActivityDetailsNumber: 23037789

## Current Symptoms

Questions	Answers	Comments
Mood Symptoms	(Sadness)Anxiety(Racing thoughts or jumping from one idea to the next) Talking fast	
Anxiety Symptoms	(Trouble sleeping	
Psychotic positive symptoms	(Patient denies	
Psychotic negative symptoms	(Patient denies	
Cognitive symptoms	(Patient denies	
Other symptoms	(Depression)Anxiety	
Eating Disorder Symptoms	(Patient Denies	
Have you ever thought about suicide or not wanting to live?	Yes	
Do you feel suicidal now? If Yes, then please refer to the Suicide / Homicide Addendum form. If the patient has answered Yes to the #1 and is not imminently suicidal, then please continue.	No	
Have you ever attempted suicide?	No	
Were you intoxicated with drugs or alcohol during the attempt? If yes, please explain.	No	
Did you ever have any regrets over the attempt? Please explain?	No	
Do you have any thoughts about harming anyone else right now?	Yes	
What about in the past? Have you ever physically hurt someone intentionally and they needed to or should have gone to the doctor or hospital for their injuries? If yes, please explain.	No	

## Mental Status Examination

Questions	Answers	Comments
Speech	(Normal volume)Pressured	
Psychomotor	Assessed - no remarkable findings	
Psychosis	No	
Suicidal or Homicidal	No	
Thought Process	Circumstantial	
Cognition	Grossly Intact	
Insight	(Poor insight into illness	
Judgement	Age appropriate	
Impulse Control	Adequate	

## Treatment Recommendations and Plan

Questions	Answers	Comments
Treatment Recommendations	Medication education	
Plan for next activities	(Continue individual psychotherapy) Individual Counseling continued	
Patient's ability to adhere to the Treatment Recommendation and Plan	Fair	
Compliance with Scheduled Appointments	Yes	
Compliance with treatment plan	Partial	

Chicago Client Profile

Page No. 2 of 4

version\_v5.x\_05/17/2016

MIRZA000040

03/22/2018 THU 15:14 FAX 3127464491 Public Health

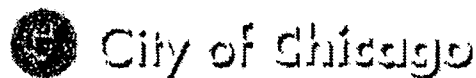
RECEIVED 03/22/2018 03:11PM

043/054

## Chicago Client Profile

3/22/2018 12:52 PM

Susan Pelton



## Report Parameters

Activity Details Number: 23037789		
<b>Treatment Recommendations and Plan</b>		
Questions	Answers	Comments
Return to Clinic	1 week	
<b>Problem Diagnosis</b>		
Questions	Answers	Comments
Axis IV Recent Stressors	Loss of job	
AXIS V GAF SCORE	45	
<b>Psychiatric Assessment</b>		
Questions	Answers	Comments
Attitude	[Cooperative] Pleasant	
Affect	[Depressed] Sad	
Psychiatric Assessment	Assessment	<p>40 yr. old female with depression and severe anxiety. She was on an NSRI and her depression worsened. Her main symptoms now are no sleep and anxiety. She has no support from husband or mother. They both call her "crazy". Her husband said she got fired from her because she was crazy. She was on Seroquel which enable her to sleep, but she was double and was drowsy. she was provided with script for zyprexa, which she she was not able to get. She did not filled the script for the Geodon.</p> <p>She was given topomax, which she says does not work. she continues to take others: Xanax. disp. zyprexa 5 mg qd and Klonopin 0.5 mg bid. Do Seroquel, Ativan and topomax. return in one week.</p>
Current Status	Current Status	
<b>Data</b>		
Questions	Answers	Comments
Appearance	Appropriately dressed	
Mood Symptoms	[Sad]	
Anxiety Symptoms	[Physical symptoms]	
<b>Mental Health Education</b>		
Questions	Answers	Comments
Who has Received the Psycho educational Material	Patient	
What Psycho education material has the person received 1	[Direction on how to take medication] Side-effects of prescribed psychotropic medications	

Chicago Client Profile

Page No. 3 of 4

version\_v8.x\_05/17/2018

MIRZA000041

03/22/2018 THU 15:14 FAX 3127464491 Public Health RECEIVED 03/22/2018 03:11PM

0044/054

Chicago Client Profile

3/22/2018 12:52 PM

Susan Pelton



City of Chicago

Report Parameters

ActivityDetailsNumber: 23037789

Patient

03/22/2018 THU 15:14 FAX 3127464491 Public Health

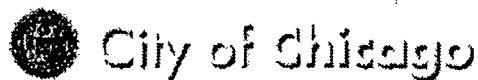
RECEIVED 03/22/2018 03:11PM

0045/054

## Chicago Client Profile

3/22/2018 12:49 PM

Susan Pelton



## Report Parameters

ActivityDetailsNumber: 23059950

## CDPH

Program:	HLTMentalHealth
ID:	2272661
Name:	Amber Mirza
DOB:	8/5/1975
Service Date:	7/15/2018
Time:	12:31 PM
Duration:	30.00 Units
Modality:	In Person
DHS Code:	2F

## Diagnosis

Axis I Diagnosis		
Axis II Diagnosis		
Axis III Diagnosis		
ICD10 Diagnosis		
F31.81 (ICD10)	Bipolar II disorder	Primary
F43.11 (ICD10)	Post-traumatic stress disorder, acute	Unknown
Z59.6 (ICD10)	Low Income	Unknown
Z63.6 (ICD10)	Other specified problems related to primary support group	Unknown

QuestionCode: Mental\_Health\_Psychiatric\_Progress\_Note

Visit Type		
Questions	Answers	Comments
Visit Type	Medical Management follow up	
Referral Info		
Questions	Answers	Comments
Person providing information	Self	
Referred by	Self	



03/22/2018 THU 15:14 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0046/054

## Chicago Client Profile

3/22/2018 12:49 PM

Susan Pelton



City of Chicago

## Report Parameters

ActivityDetailNumber: 23059950

## Patient Report

Questions	Answers	Comments
Patient Report	Report	<p>40 years old married female of Pakistani origin raised in States by parents and currently having a trial separation from her second husband has been out of work in IT field due to being discriminated as a muslim .Pt has been coping with financial ,marital issues and appears to be having most problems with anxiety and sleep . Pt sleeps less than 4 hours and has been anxious . Pt . did not like the side effects of the zyprexa , Seroquel topomax and trazadone tried by previous physicians and would like a trial of other medications but is hesitant and ambivalent about taking medications . Pt has tried her friends Xanax and found it helpful for anxiety and sleep .</p> <p>Pt agreed to try abilify 5mg and buspar 15 mg bld</p> <p>Provisional dx of mood ds nos and anxiety ds</p> <p>r/o bipolar 2 and ptsd from the ordeal of being discriminated for her heritage by being let go from a well paying high profile job . Pt denies racing thoughts , flight of ideas or other manic symptoms except poor sleep and anxiety . Pt has never had suicidal or homicidal ideation and has no psychotic symptoms</p>

## Current Symptoms

Questions	Answers	Comments
Mood Symptoms	Anxiety	
Anxiety Symptoms	Trouble sleeping	
Psychotic positive symptoms	None	
Psychotic negative symptoms	None	
Cognitive symptoms	None	
Other symptoms	None	
Have you ever thought about suicide or not wanting to live?	No	
Do you feel suicidal now?		
If Yes, then please refer to the Suicide / Homicide Addendum form. If the patient has answered Yes to the #1 and is not imminently suicidal, then please continue.	No	
Did you ever have any regrets over the attempt? Please explain?	No	
Do you have any thoughts about harming anyone else right now?	No	
What about in the past? Have you ever physically hurt someone intentionally and they needed to or should have gone to the doctor or hospital for their injuries? If yes, please explain.	No	

## Mental Status Examination

Questions	Answers	Comments
Speech	Pressured	

Chicago Client Profile

Page No. 2 of 4

version\_v6.x\_06/17/2016

MIRZA000044

03/22/2018 THU 15:14 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0047/054

## Chicago Client Profile

3/22/2018 12:48 PM

Susan Pelton



City of Chicago

## Report Parameters

Activity Details Number: 23059950

## Mental Status Examination

Questions	Answers	Comments
Psychomotor	Assessed - no remarkable findings	
Psychosis	No	
Suicidal or Homicidal	No	
Thought Process	Goal directed	
Cognition	Grossly intact	
Insight	Age appropriate insight into illness	
Judgement	Age appropriate	
Impulse Control	Adequate	

## Treatment Recommendations and Plan

Questions	Answers	Comments
Treatment Recommendations	Medication education	
Plan for next activities	Continue individual psychotherapy	
Patient's ability to adhere to the Treatment Recommendation and Plan	Good	
Compliance with Scheduled Appointments	Yes	
Compliance with treatment plan	Yes	
Return to Clinic	1 month	
Additional Comments for Next Appointment	Pt is going to Atlanta and will return for appointment september 9	

## Suicide/Homicide

Questions	Answers	Comments
Do you have a plan to hurt yourself (or another person)	No	
Have you ever attempted to hurt yourself (or someone else) in the past?	No	
Were you ever hospitalized (or incarcerated) for this attempt?	No	
Patient is imminently homicidal or a danger to someone & requires immediate hospitalization	No	
Patient is not imminently suicidal	No	

## Psychiatric Assessment

Questions	Answers	Comments
Attitude	[Cooperative] Pleasant	
Affect	[Anxious]	
Psychiatric Assessment	Assessment	Pt to come back in a month and will start abilify 5mg and buspar 15 mg bid with over the counter benaryle 25mg for sleep as needed
Current Status	Stable	

## Data

Questions	Answers	Comments
Appearance	[Well groomed]	

Chicago Client Profile

Page No. 3 of 4

version\_v5.x\_05/17/2018

MIRZA000045

03/22/2018 THU 15:14 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0049/054

## Chicago Client Profile

3/22/2018 12:48 PM

Susan Pelton



City of Chicago

## Report Parameters

ActivityDetailNumber: 23050050

Mental Health Education		
Questions	Answers	Comments
Who has Received the Psycho educational Material	Patient	
What Psycho education material has the person received 1	Direction on how to take medication	
What Psycho education material has the person received 2	Medication side-effect educational material	

Patient

03/22/2018 THU 15:15 FAX 3127464491 Public Health

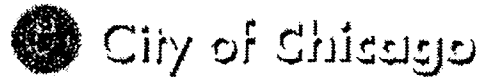
RECEIVED 03/22/2018 03:11PM

0049/054

## Chicago Client Profile

3/22/2018 12:47 PM

Susan Patton



## Report Parameters

ActivityDetailNumber: 23085805

## CDPH

Program:	HLT Mental Health
ID:	2272581
Name:	Amber Mirza
DOB:	8/5/1975
Service Date:	7/16/2016
Time:	08:30 AM
Duration:	00:00 Units
Modality:	In Person
DHS Code:	21

## Diagnosis

AXIS I Diagnosis		
AXIS II Diagnosis		
AXIS III Diagnosis		
ICD10 Diagnosis		
F31.81 (ICD10)	Bipolar II disorder	Primary
F43.11 (ICD10)	Post-traumatic stress disorder, acute	Unknown
Z59.6 (ICD10)	Low Income	Unknown
Z63.8 (ICD10)	Other specified problems related to primary support group	Unknown

## QuestionCode: Mental\_Health\_DAP\_Progress\_Note

Presenting Problem		
Questions	Answers	Comments
Please use the Consumer's or Referring Provider's "own words" to describe problem and chief complaint.	Description of Problem	She (MD) thinks I might be bipolar - I don't think I am.  DSM5 F31.81 - Bipolar II disorder F43.11 - Post-traumatic stress disorder, acute Z59.6 - Family discord NOS Z59.6 - Low Income
Date		
Questions	Answers	Comments
Appearance	Appropriately dressed	
Mood Symptoms	Depressed Restless Anxious Sad	
Anxiety Symptoms	Hypervigilant Physical symptoms	
Psychotic Symptoms	None	

Chicago Client Profile

Page No. 1 of 3

version\_v5.x\_06/17/2016

MIRZA000047

03/22/2018 THU 15:15 FAX 3127464491 Public Health

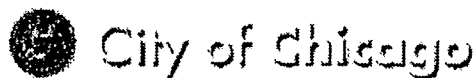
RECEIVED 03/22/2018 03:11PM

0050/054

## Chicago Client Profile

3/22/2018 12:47 PM

Susan Pelton



## Report Parameters

ActivityDetailsNumber: 23066805

Questions	Answers	Comments
Psychomotor Symptoms	None	
Speech Symptoms	Overproductive	
Suicide Symptoms	None	
Homicidal Symptoms	None	
Additional Observations	Observations	She is just talking a lot.

Questions	Answers	Comments
1. Please describe your assessment of the reported symptoms and your observations:	Assessment_1	<p>Client was oriented to person, place, time, and situation and gave no evidence of thoughts about harming herself or other people. This session was done face to face using spoken English.</p> <p>Focus of Session: This session focused on changes in her life.</p> <p>Modality: Client met with this writer at LMHC for therapy.</p> <p>Client came in and focused meeting with the lawyer she found and that he said that she had a good case. He is going to take his fee out of the settlement. She then talked about how she did not even want the money but she knew her family would. So we again explored her views of the world and what she feels are the families' views of the world and did she have to follow theirs over her own.</p> <p>Intervention(s) Used: Reflection of what client said. Interpersonal therapy was used to examine her core beliefs and how her actions reflect them.</p> <p>Client Response to Intervention: She used up a lot of the session focusing on her family and again about her family's cultural beliefs. She stated that she was glad she had a safe place to talk about these things.</p> <p>Client Progress Identified/Noticed: She is now having more difficulty within her culture and not finding the support she wants.</p>

Questions	Answers	Comments
Treatment Recommendations #1	Continue current medications  Psychotherapy Case Management	
Plan for next activities #1	Continue psychotherapy (individual)  Continue Case Management	
Patient's ability to adhere to Treatment Recommendation and Plan #1	Good	
Compliance with scheduled appointments #1	Yes	

Chicago Client Profile

Page No. 2 of 3

version\_v5.x\_05/17/2016

MIRZA000048

03/22/2018 THU 15:15 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0051/054

## Chicago Client Profile

3/22/2018 12:47 PM

Susan Patton



City of Chicago

## Report Parameters

ActivityDetailNumber: 23065805

## Treatment and Plan

Questions	Answers	Comments
Compliance with treatment plan #1	Yes	
Return to clinic #1	2 weeks	
Additional Comments for Next Appointment	Click to Describe	Continue to support her job hunting and working through this trauma

## Patient

## Clinician

07/22/2018

## Supervisor



03/22/2018 THU 15:15 FAX 3127464491 Public Health

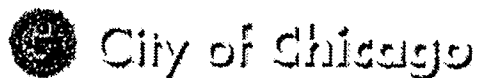
RECEIVED 03/22/2018 03:11PM

0052/054

## Chicago Client Profile

3/22/2018 12:19 PM

Susan Pelton



## Report Parameters

ActivityDetailsNumber: 23104246

## CDPH

Program:	HLT Mental Health
ID:	2272501
Name:	Amber Mirza
DOB:	8/5/1975
Service Date:	9/29/2016
Time:	03:34 PM
Duration:	Units
Modality:	In Person
DHS Code:	H0031

## Diagnosis

AXIS I Diagnosis		
AXIS II Diagnosis		
AXIS III Diagnosis		
ICD-10 Diagnosis		
F31.81 (ICD10)	Bipolar II disorder	Primary
F43.11 (ICD10)	Post-traumatic stress disorder, acute	Unknown
Z59.6 (ICD10)	Low income	Unknown
Z63.6 (ICD10)	Other specified problems related to primary support group	Unknown

QuestionCode: Mental\_Health\_Psychiatric\_Progress\_Note

Visit Type		
Questions	Answers	Comments
Visit Type	Medical Management follow up	
Referral Info		
Questions	Answers	Comments
Person providing information	self	
Referred by	Self	
Patient Report		
Questions	Answers	Comments
Patient Report	Report	She takes Xanax and Cymbalta from her doctor in Atlanta. She thinks that her main problem is stress. The Xanax makes her sleep. She feels that she does not have bipolar.

Chicago Client Profile

Page No. 1 of 3

version\_v5.x\_05/17/2018

MIRZA000050



03/22/2018 THU 15:15 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

053/054

## Chicago Client Profile

3/22/2018 12:19 PM

Susan Pelton



City of Chicago

## Report Parameters

ActivityDetailsNumber: 23104246

## Mental Status Examination

Questions	Answers	Comments
Speech	Normal volume Rapid Pressured	
Psychomotor	Tremulous	
Suicidal or Homicidal	No	
Thought Process	Tangential	
Cognition	Grossly intact	
Insight	Poor insight into illness	
Judgement	Age appropriate	
Impulse Control	Adequate	

## Problem Diagnosis

Questions	Answers	Comments
Axle IV Recent Stressors	Loss of job	
AXIS V GAF SCORE	55	

## Psychiatric Assessment

Questions	Answers	Comments
Attitude	Pleasant	
Affect	Tearful Sad Anxious	
Psychiatric Assessment	Assessment	She is dependent on Xanax. She has a depressed and labile affect, with pressured and circumstantial speech. Poor insight and in denial. She over explains her carrier and her job loss. IMP, bipolar +depressed. Explain at length about the risks of long term benzodiazepines use. No medicines given as she is not compliant.
Current Status	Current Status	

## Data

Questions	Answers	Comments
Appearance	Appropriately dressed	
Mood Symptoms	Anxious Bright	
Anxiety Symptoms	Physical symptoms Hypervigilant	

## Treatment Recommendations and Plan

Questions	Answers	Comments
Treatment Recommendations	Medication education	
Plan for next activities	Individual Counseling continued	
Patient's ability to adhere to the Treatment Recommendation and Plan	Poor	
Compliance with Scheduled Appointments	Not applicable	
Compliance with treatment plan	No	
Return to Clinic	Other	when she agrees to rec treatment.

Chicago Client Profile

Page No. 2 of 3

version\_v3.x\_05/17/2018

MIRZA000051

03/22/2018 THU 15:15 FAX 3127464491 Public Health

RECEIVED 03/22/2018 03:11PM

0054/054

## Chicago Client Profile

3/22/2018 12:19 PM

Susan Pelton



City of Chicago

## Report Parameters

ActivityDetailsNumber: 23104248		
Mental Health Education		
Questions	Answers	Comments
Who has Received the Psycho educational Material	Patient	
What Psycho education material has the person received 1	Direction on how to take medication	

Patient

## Chicago Client Profile

5/24/2018 8:35 AM

Susan Pelton



City of Chicago

## Report Parameters

ActivityDetailsNumber: 23079777

## Data

Questions	Answers	Comments
Homicidal Symptoms	None	

## Assessment

Questions	Answers	Comments
1. Please describe your assessment of the reported symptoms and your observations:	Assessment_1	<p>Client was oriented to person, place, time, and situation and gave no evidence of thoughts about harming herself or other people. This session was done face to face using spoken English</p> <p>Focus of Session: This session focused on changes in her life.</p> <p>Modality: Client met with this writer at LMHC for therapy.</p> <p>Client came in and focused on the fact that she moved in with her God parents, but even with them, after a few days they were asking her why she quit her job in the fortune 500 company and telling her that was a stupid decision. We focused on her reasons which were valid and that she could not know that the company that she went to was going to be so racist towards her. We then explored a great deal her cultural tradition of how women are viewed, and her difficulty in standing up for herself even though she knows and believes differently about women's place in the world. She and her husband are now split and she feels that he is angry because now he has to get a job and support the family.</p> <p>Intervention(s) Used: Reflection of what client said. Interpersonal therapy was used to examine how her culture views women, and her arguments again those views. I continued to use interpersonal therapy around her decision to change jobs working with her to not start attacking herself because of this decision..</p> <p>Client Response to Intervention: She used up a lot of the session focusing on her family and the Muslim and Hindu views of women's position in society. She feels in her heart that she needs to not challenge that view with her mother, but in her head she does not agree. She felt better at the end of the session.</p> <p>Client Progress Identified/Noticed: She is now having more difficulty within her culture and not finding the support she wants.</p>

## Chicago Client Profile

5/1/2018 10:38 AM

Session 1



City of Chicago

## Report Parameters

ActivityDetailsNumber: 23079771

Data		
Question	Answers	Comments
Has the client reported any symptoms?	None	
Assessment		
Question	Answers	Comments
1. Please describe your assessment of the reported symptoms and your observations:	Assessment_1	<p>Client was oriented to person, place, time, and situation and gave no evidence of thoughts about harming herself or other people. This session was done face to face using spoken English</p> <p>Focus of Session: This session focused on changes in her life.</p> <p>Modality: Client met with this writer at LMHC for therapy.</p> <p>Client came in and focused on how difficult it is to get a job right now. She stated that she puts out 10-12 applications a day and for the most part there are very few responses. Because of all the criticism she is getting from family, she is beginning to doubt herself. She is having more difficulty sleeping and her comments are more suspicious about her family's intention when they do something. We explored again the reasons why she changed jobs and she spontaneously talked about how she was talking to a friend who was experiencing racist comments at their job. She noted that she was telling them exactly what we were talking about, but she was still having a difficult time following her own advice. She also focused on the level of racism within her own culture.</p> <p>Intervention(s) Used: Reflection of what client said. Interpersonal therapy was used to examine around her decision to change jobs working with her to acknowledge that her reasons were good – and to be proud of them. That this event will be something that she will look back on as a terrible thing, but something she got through.</p> <p>Client Response to Intervention: She used up a lot of the session focusing on her family and the racism in her culture, comparing it to the racism she received at the hands of Caucasians in her last job. She stated that she was glad she had a safe place to talk about these things.</p> <p>Client Progress Identified/Noticed: She is now having more difficulty within her culture and not finding the support she wants.</p>